

www.mass.gov/abcc

LICENSE NUMBER: 0590000)01	CITY OR TOWN	LANESBOROUGH
APPLICATION FOR RENEW	Annua Annua	l LICEN	ISED FOR 2013
	CLASS	S	YEAR
LICENSEE NAME: V'S DO	G HOUSE,LLC		
DOING BUSINESS A V'S DO	OG HOUSE		
ADDRESS 650 CHESHIRE R	DRTE.8		
CITY/TOWN: LANESBORG	OUGH STATE:	MA ZIP CODE:	01237
MANAGER: VELLA, BREI	NDA STYPE OF LICENS	E:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
INCLUDE FENCED IN OUT	SIDE AREA		
I hereby certify and swear under	1 5 5		
	will be of the same type for	•	
	nplied with all laws of the		to taxes; and
3. the premises are no	w open for business (If not	explain below)	
DATE.	ual, Partner or Authorized of the control of the co	EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest t Acts of 2004, signed by the b named license and (2) the ce of 2010.	ouilding inspector and the	e head of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: [[] (If disapproved explain)			
(11 disappiovod expiaiii)			
DATE:			
APPLICATION FOR RENEWAL MUST B	E FILED BY LICENSEES DURING	THE MONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 05900000	02	CITY OR TOWN	LANESBOROUGH
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: THE VIR	RGINIA COMPANY, INC.		
DOING BUSINESS A PASTA	S WOODFIRED PIZZAS		
ADDRESS 660 CHESHIRE RI	DRT. 8		
CITY/TOWN: LANESBORO	UGH STATE: MA	ZIP CODE:	01237
MANAGER: BENSON, JAM W.	IES TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
RESTAURANT CONTAINING THE BUILDING AND A COV			
I hereby certify and swear under	r penalties of perjury that:		
	will be of the same type for the	-	
	plied with all laws of the Com	· ·	taxes; and
3. the premises are now	v open for business (If not expl	lain below)	
CICIED DV			
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest th Acts of 2004, signed by the bunamed license and (2) the cer of 2010.	uilding inspector and the hea	d of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	059000003		CITY OR TOWN	LANESBO	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	KIRKLYN ENTERPI	RISES, INC.			
DOING BUSINESS A	YE OLDE FORGE				
ADDRESS 125 NO. 1	MAIN ST.				
CITY/TOWN: LAN	ESBOROUGH	STATE: MA	ZIP CODE:	01237	
MANAGER: GRIP	PO, KIRK A. TYPE	OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	LICENSED PREMISES	S:			
DOWNSTAIRS CON	EET FLOOR CONTA ITAINING DINING R /EST SIDE OF BLDG	M & STORAGE			
I hereby certify and sv	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for th	e same premises now	licensed;	
2. the license	e has complied with al	l laws of the Con	nmonwealth relating t	to taxes; and	
3. the premise	es are now open for bu	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	· Authorized Corr	orate Officer		
	marviduar, i artifer of	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NII IMRED:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TELETHONE	NOMBER.			ecurity Number)
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lic	ector and the hea	ad of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBER: 059000006		CITY OR TOWN	LANESBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SKYLINE COUNTROLL DOING BUSINESS A SKYLINE BUSINESS A BUSINESS A SKYLINE BUSINESS A SKYLINE BUSINESS A SKYLINE BUSINESS A BUSINESS A BUSINESS A SKYLINE BUSINESS A BUSINESS A BUSINESS A BUSINESS A BUSINESS BUSINESS A BUSINESS BU			
ADDRESS 405 SO. MAIN ST.			
CITY/TOWN: LANESBOROUGH	STATE: MA	ZIP CODE:	01237
MANAGER: MITUS, JAMES R. TYPE	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE RESTAURANT/CLUB HOUSE, 3 ROOM SHOP AND KITCHEN WITH SEPARATI BASEMENT,STORAGE ROOM,MENS L FROM FIRST FLOOR AND BASEMENT	S ON FIRST FLOOE E TOILET FACILI OCKER ROOM A	TY 3 ROOMS IN	
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th		_	
2. the licensee has complied with a		•	taxes; and
3. the premises are now open for be	usiness (If not expi	ain below)	
SIGNED BY Individual, Partner o	r Authorized Corp	orate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the hea	d of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п изарргочей схріаш)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J59000008		CITY OR TOW	IN LANESBU	KUUUH
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MATT REILLY'S IN	IC.			
DOING BUSINESS A	MATT REILLY'S F	PUB			
ADDRESS 750 W/S S	OUTH MAIN ST.				
CITY/TOWN: LANE	SBOROUGH	STATE: MA	ZIP CODE:	01237	
MANAGER: REILL	Y, HELEN S. TYPE	OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
BAR ROOM, DINING DECK. ALCOHOLIC					
I hereby certify and sw			ED ON THE D	ECK AFTER 91	PIVI
•	l license will be of the	1 5 5	same premises n	ow licensed:	
	has complied with al		•		
	s are now open for bu				
SIGNED BY					
	Individual, Partner or	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2) of 2010.	by the building inspe	ector and the head	of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
Z			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059000010	C	CITY OR TOWN	LANESBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013	
	CLASS		,	YEAR
LICENSEE NAME: LANESBORO SUPER ME	CT & HARDW	ARE,INC.		
DOING BUSINESS A				
ADDRESS 25 N MAIN ST				
CITY/TOWN: LANESBOROUGH STA	ATE: MA	ZIP CODE:	01237	
MANAGER: GOMES, TYPE OF L MICHAEL L	ICENSE: Packa	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	D ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY BLDG WITH BASEMENT. TWO ENTRANCE. ONE BASEMENT RECEIVING E				ENT
 the renewed license will be of the same the licensee has complied with all laws the premises are now open for business 	s of the Commo	nwealth relating to		
SIGNED BY Individual, Partner or Auth	orized Corpora	te Officer		
DATE: TELEPHONE NUM	BER:	EMPLOYER (Note: NOT Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	59000013		CITY OR TOWN	LANESDU	KUUGH
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: P DOING BUSINESS A		G STORE,INC			
ADDRESS 731 S MAII	N ST				
CITY/TOWN: LANES	SBOROUGH	STATE: MA	ZIP CODE:	01237	
MANAGER: CONUE W	EL, BRUCE TYP	E OF LICENSE:Pa	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC					
ONE STORY BLDG CO ADDITIONAL 850 SQ			E STORAGE ROO!	M WITH AN	
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of t	he same type for the	same premises now	licensed;	
2. the licensee l	has complied with	all laws of the Com	monwealth relating t	to taxes; and	
3. the premises	are now open for	business (If not expl	ain below)		
SIGNED BY			0.00		
I	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:	311 (3 1 1 2 1 1 1 1	01411
DISAPPROVED:			•		
(If disapproved explain))				
DATE					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	39000013		CITYO	RIOWN	LANESDU	KUUUH
APPLICATION FOR R	ENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: JO	OSEPH S. SZCZ	ZEPANIAK, JR.				
DOING BUSINESS A	BERKSHIRE V	ILLAGE LIQUOR	S			
ADDRESS 770 CHESH	IIRE ROAD					
CITY/TOWN: LANES	BOROUGH	STATE: M	A ZIP	CODE:	01237	
MANAGER:	T	YPE OF LICENSE:	Package Stor	re C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
		WEBSITE AND ENTER YOU	R EMAIL ADDRE	SS		
DESCRIPTION OF LIC	ENSED PREM	IISES:				
2. the licensee l 3. the premises SIGNED BY	nas complied wi are now open fo	of the same type for th all laws of the Co or business (If not ex er or Authorized Co	ommonwealtl xplain below	n relating		
DATE:	TELEPHO	NE NUMBER:				FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	L LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 059000016		CITY OR TOWN	LANESBO	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: DEAN VLAHO DOING BUSINESS A LANSBORO	RESTAURANT AND P	ZZERIA		
ADDRESS 739 SOUTH MAIN STRI		am dobe	0.1.0.0.5	
CITY/TOWN: LANESBOROUGH	STATE: MA	ZIP CODE:	01237	
MANAGER: VLAHOPOULOS, DEAN	TYPE OF LICENSE:Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE ONE STORY BUILDING WITH FU			ORAGE AR	EA
1. the renewed license will be 2. the licensee has complied with the premises are now open. SIGNED BY Individual Parenese and the premises are now open.	with all laws of the Comn	nonwealth relating to in below)		
maividual, i ai	ther of Authorized Corpo	rate Officer		
DATE: TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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LICENSE NU	MBER: 059000023		CITY OR TOWN	LANESBO	ROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE N	AME: PETER T. M	(cGUIRE,INC.			
DOING BUSI	NESS A BOB'S CO	UNTRY KITCHEN			
ADDRESS 38	S. MAIN STREET				
CITY/TOWN	: LANESBOROUGI	H STATE: MA	ZIP CODE:	02137	
MANAGER:	MCCGUIRE, PETER	TYPE OF LICENSE:	Restaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
DESCRIPTIO	PLEASE ALSO VISTI ON OF LICENSED PI	OUR WEBSITE AND ENTER YOU REMISES:	R EMAIL ADDRESS		
I hereby certif	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for t	the same premises now	licensed;	
2. the	licensee has complie	d with all laws of the Co	mmonwealth relating	to taxes; and	
3. the	premises are now op	en for business (If not ex	aplain below)		
SIGNED BY		Partner or Authorized Co.	rporate Officer		
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICAT	
Acts of 2004,	, signed by the buildi	we are in possession (1) ing inspector and the he ate of liquor liability in	ead of the fire depart	ment for the	above
Please Check Bel	low:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI (If disapprove					
(11 disappiove	и слріані <i>)</i>				
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THI	E MONTH OF NOVEMBER (M	M.G.L. Ch. 138 \$ 10	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059000024	(CITY OR TOWN LANESBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BOSTONCULINARYG	ROUP, INC.	
DOING BUSINESS A HENDRICK'S SUMMI	IT LODGE	
ADDRESS OFF POTTER MTN. ROAD		
CITY/TOWN: LANESBOROUGH S'	TATE: MA	ZIP CODE: 01237
MANAGER: BRONSON, JAMES TYPE OF E.	LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:		
APPROX. 2400 SQ.FT. BUILDING WITH KI FOOT DECK. ONE MAIN ENTRANCE; ONE		
I hereby certify and swear under penalties of pe 1. the renewed license will be of the sa 2. the licensee has complied with all la	me type for the sa	•
3. the premises are now open for busine	ess (If not explain	n below)
SIGNED BY Individual, Partner or Au	uthorized Corner	ota Officar
individual, Farther of At	miorizeu Corpora	ate Officer
DATE: TELEBHONE NIL	MDED.	EMPLOYER IDENTIFICATION NUMBER:
TELEPHONE NU	MBEK:	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	or and the head o	of the fire department for the above
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059000027		CITY OR TOWN	LANESBO	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DONNYBROOK INC	C.			
DOING BUSINESS A	DONNYBROOK C	OUNTRY CLUE	3		
ADDRESS 775 WILL	JAMSTOWN ROAD				
CITY/TOWN: LANE	ESBOROUGH	STATE: MA	ZIP CODE:	01237	
MANAGER: KELL	Y, JAMES W. TYPE	OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LEAST FLOOR TO INCL. I hereby certify and sw. 1. the renewed. 2. the licensee.	LUDE 2 LARGE ROO	S: OMS, HANDICA f perjury that: e same type for th ll laws of the Con usiness (If not exp	P RESTROOM. e same premises now amonwealth relating to the plain below)		
DATE: We the undersigned, Acts of 2004, signed named license and (2 of 2010. Please Check Below:	by the building inspe	n possession (1) t ector and the hea	(Note: <u>NOT</u> Inc he certificate requir ad of the fire depart	lividual Social S ed by Chapto ment for the Chapter 116	above of the Acts
APPROVED: DISAPPROVED: (If disapproved explain	n)		By:	BING AUTHO	UKII I
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059000030		CITY OR TO	WIN LANESBU	KUUGH	
APPLICATION FOR	RENEWAL:	Annual LICENSED FOR 2			013	
		CLASS			YEAR	
LICENSEE NAME:	BHG LANESBOROU	JGH,LLC				
DOING BUSINESS A	THE GARDEN GR	ILL & TAVERN				
ADDRESS 2 OLD ST	'ATE ROAD					
CITY/TOWN: LAN	ESBOROUGH	STATE: MA	ZIP CODE	01237		
MANAGER:	TYPE	OF LICENSE: R	estaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		」	
DESCRIPTION OF L	ICENSED PREMISE	S:				
A FULL SERVICE N.	ATIONAL CHAIN R	ESTAURANT				
I hereby certify and sw	vear under penalties of	f perjury that:				
1. the renewed	d license will be of the	e same type for th	e same premises	now licensed;		
2. the licensee	e has complied with al	l laws of the Con	nmonwealth relati	ng to taxes; and		
3. the premise	es are now open for bu	isiness (If not exp	olain below)			
SIGNED BY	Individual, Partner or	· Authorized Corp	porate Officer			
DATE:	TELEPHONE I	NUMBER:		OYER IDENTIFICAT		
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ector and the hea	ad of the fire dep	artment for the	above	
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY	
APPROVED:	\neg		By:			
DISAPPROVED:						
(If disapproved explain	n)		-			
DATE.			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

	9000031		CIII	OR TOWN	2111 (2020	1100011	
APPLICATION FOR RE	Annual	Annual LICENSED FOR 2013			013		
		CLASS	5			YEAR	
LICENSEE NAME: THE DOING BUSINESS A			SES, LLC				
ADDRESS 162 SOUTH	MAIN ST						
CITY/TOWN: LANES	BOROUGH	STATE:	MA ZI	P CODE:	01237		
MANAGER: DONAH CAROL	UE, TYPI	E OF LICENSI	E:Restaurant	C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
PLEA	SE ALSO VISIT OUR WEE	BSITE AND ENTER YO	OUR EMAIL ADD	RESS		_	
DESCRIPTION OF LIC	ENSED PREMISI	ES:					
100 SEAT RESTAURAL			ANCE FLOO	OR			
I hereby certify and swea	-	1 0 0					
	icense will be of th	• •	•				
	as complied with a			·	o taxes; and		
5. the premises a	are now open for b	ousiness (11 not	explain belo	iw)			
SIGNED BY	ndividual, Partner o	or Authorized (Corporate Of	ficer			
DATE: TELEPHONE NUMBI				EMPLOYER	RIDENTIFICAT	TIFICATION NUMBER: Social Security Number)	
			(2				
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building insp	n possession (1) the certif head of the	Note: <u>NOT</u> Ind icate requir fire depart	lividual Social S ed by Chapte ment for the	er 304 of the above	
Acts of 2004, signed by named license and (2) to of 2010. Please Check Below:	the building insp	n possession (1) the certifi head of the insurance r	Note: <u>NOT</u> Ind icate requir fire departs required by	lividual Social S ed by Chapte ment for the	er 304 of the above of the Acts	
Acts of 2004, signed by named license and (2) to of 2010. Please Check Below: APPROVED:	the building insp	n possession (1) the certifi head of the insurance r	Note: <u>NOT</u> Ind icate requir fire departs required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts	
Acts of 2004, signed by named license and (2) to of 2010. Please Check Below: APPROVED: DISAPPROVED:	the building insp	n possession (1) the certificate of the insurance of the LOC	Note: <u>NOT</u> Ind icate requir fire departs required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts	
Acts of 2004, signed by named license and (2) to of 2010. Please Check Below: APPROVED:	the building insp	n possession (1) the certificate of the insurance of the LOC	Note: <u>NOT</u> Ind icate requir fire departs required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts	
Acts of 2004, signed by named license and (2) to of 2010. Please Check Below: APPROVED: DISAPPROVED:	the building insp	n possession (1) the certificate of the insurance of the LOC	Note: <u>NOT</u> Ind icate requir fire departs required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts	